

## **Center Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details               |                         |                 |                   |  |
|-------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name                  | Program Number          |                 | Program Type      |  |
| Primrose School of Symmes     | 2230027469              |                 | Child Care Center |  |
|                               |                         |                 |                   |  |
| Address                       |                         |                 | County            |  |
| 9175 Governors Way Cincinnati |                         |                 | HAMILTON          |  |
| OH 45249                      |                         |                 |                   |  |
|                               |                         |                 |                   |  |
|                               |                         |                 | ,                 |  |
| Building Approval Date        | Use Group/Code          | Occupancy Limit | Maximum Under 2 ½ |  |
| 04/18/2003                    | E                       | NL              |                   |  |
| Fire Inspection Approval Date | Food Service Risk Level |                 |                   |  |
| 09/23/2022                    | Level III               |                 |                   |  |

| Inspection Information     |                                |                  |                   |              |
|----------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type            | Inspection So                  | cope             | Inspection Notice |              |
| Pre-license                | Full                           |                  | Unannounced       |              |
| Inspection Date 02/13/2023 | Begin Time 1                   | .0:00 AM         | End Time 12:00 PM |              |
| Reviewer:                  | -                              |                  |                   |              |
| Nicole Vadnais             |                                |                  |                   |              |
| Summary of Findings        |                                |                  |                   |              |
| No. Rules Verified         | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58                         | 0                              | 0                | 0                 | 0            |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |  |
|---|------------------|------------|-----------|-------|--|
| Age Group   | License Capacity | Enrollment |           |       |  |
|   | Totals           | Full Time  | Part Time | Total |  |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |  |
| Young Toddler   |                  | 0          | 0         | 0     |  |
| Total Under 2 ½ Years                                     |                  | 0          | 0         | 0     |  |
| Older Toddler   |                  | 0          | 0         | 0     |  |
| Preschool   |                  | 0          | 0         | 0     |  |
| School Age  |                  | 0          | 0         | 0     |  |
| Total Capacity/Enrollment                                 |                  | 0          | 0         | 0     |  |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |

| SA            | School-Age to < 11 years | 2 to 22 |  |
|---------------|--------------------------|---------|--|
| Young Infant  | 0 to < 12 months         | 2 to 7  |  |
| Older Infant  | 0 to < 12 months         | 2 to 8  |  |
| Young Toddler | 12 months to < 18 months | 2 to 10 |  |
| Toddler       | 18 months to < 30 months | 2 to 9  |  |
| EPS           | 30 months to < 36 months | 2 to 11 |  |
| PS Path       | 30 months to < 36 months | 2 to 13 |  |
| PS1           | 3 years to < 4 years     | 2 to 18 |  |
| PS2           | 3 years to < 4 years     | 2 to 19 |  |
| PK            | 4 years to < 5 years     | 1 to 7  |  |

## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances   |  |  |
|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection |  |  |
| No serious risk Non-compliances were observed during this hispection |  |  |
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| Moderate Risk Non-Compliances |   |  |  |
|-------------------------------|---|--|--|
| No Mod                        | No Moderate Risk Non-Compliances were observed during this inspection |  |  |
|                               | ·   |  |  |
|                               |   |  |  |
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| Low Risk Non-Compliances   |
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| No Low Risk Non-Compliances were observed during this inspection |
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## Rules In-Compliance/Not Verified

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-12-02 License Posted      | Compliant |   |
|                                  | ₩         |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant |   |
|                                  |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection          | Compliant |   |
| Requirements                     |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant |   |
| Inspection                       |           |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection     | Compliant |   |
| ·                                |           |   |

| Rule   | Status   | Documenting Statement(s), If applicable  |  |
|--|--|--|--|
| Rule: 5101:2-12-04 Food Service  | Compliant  | Documenting Statement: The food service  |  |
| Requirements   |  | license was observed posted.   |  |
|  |  |  |  |
|  |  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |  |
| Rule: 5101:2-12-07 Administrator   | Compliant  | Documenting Statement: The   |  |
| Qualifications   |  | administrator has 6 months to complete   |  |
|  |  | the rules review course.   |  |
|  |  |  |  |
| Dolla  | Chahua   | Decomposition (technique) If applicable  |  |
| Rule: 5101:2-12-07 Administrator   | Status   | Documenting Statement(s), If applicable  |  |
| 2 Production (1997) 1997 (1997) 1997 (1997) 1998 (1997 | Compliant  | Documenting Statement: During the  |  |
| Responsibilities/Requirements  |  | inspection, the requirements of the rule   |  |
|  |  | regarding administrator responsibilities   |  |
|  |  | and requirements were discussed.   |  |
| L  | 1  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |  |
| Rule: 5101:2-12-07 Written Program   | Compliant  | Documenting Statement: The written   |  |
| Policies and Procedures  | The second secon | policies and procedures reviewed on the  |  |
| The contractivitation contractive as a contractivitation of the contractivity of the contract |  | day of the inspection were verified as   |  |
|  |  | complete.  |  |
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|  |  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |  |
| Rule: 5101:2-12-08 Medical Statement   | Compliant  | Documenting Statement: All employees   |  |
|  |  | had current medical statements on file.  |  |
|  |  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |  |
| Rule: 5101:2-12-08 Child Care Staff  | Compliant  | Documenting Statement: All Child Care  |  |
| Member Educational Requirements  | Compliant  | Staff Members had verification of  |  |
| Welliber Educational Nequil efficients   |  | educational requirements on file at the  |  |
|  |  | program.   |  |
|  |  | program.   |  |
|  |  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |  |
| Rule: 5101:2-12-08 Orientation   | Compliant  | Documenting Statement: On the day of   |  |
| Training & Whistle Blower Protection   |  | the inspection, all child care staff   |  |
|  |  | members had met orientation training   |  |
|  |  | requirements.  |  |
|  |  | and the state of t |  |
|  |  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable  |  |
| Rule: 5101:2-12-09 Background Check  | Compliant  | Documenting Statement: During the  |  |
| Requirements   |  | inspection, the required documentation   |  |

|  |                     | regarding background checks was on file for all employees listed.  |
|--|---------------------|--|
| Rule   | Status              | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-10 Health Training Requirements          | Compliant           | Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation.  |
| Rule: 5101:2-12-10 Health Training<br>Requirements       | Compliant           | Documenting Statement: During the inspection, the requirements of the rule regarding health training were discussed.   |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-10 Professional Development Requirements       | Compliant           | Decame and the second |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Indoor Space<br>Requirements                | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Separation of Children<br>Under 2 1/2 Years | Compliant           |  |
| Dula   | Chahua              | Decumenting Statement(s) If applicable   |
| Rule<br>5101:2-12-11 Outdoor Space<br>Requirements       | Status   Compliant  | Documenting Statement(s), If applicable  |
| Dula   | Ctata               | Daniel Chatanant (a) If and italia   |
| Rule 5101:2-12-11 Outdoor Play Equipment                 | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-11 Outdoor Play Fall Zones                     | Compliant           | Documenting Statement(s), if applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Equipment                              | Compliant           | Documenting statement(s), ii applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-12-12 Safe Environment                            | Compliant           | Service of the servic |

| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
|---------------------------------------|---|--|
| 5101:2-12-13 Sanitary Equipment and   | Compliant                                 |  |
| Environment                           |   |  |
|                                       |   |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Handwashing              | Compliant                                 |  |
| Requirements                          |   |  |
|                                       | O. C. |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-13 Smoke Free         | Compliant                                 | Documenting Statement: A notice was      |
| Environment                           |   | observed posted stating that smoking is  |
|                                       |   | prohibited at the program.               |
|                                       |   |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-13 Toothbrushing            | Compliant                                 | bocumenting statement(s), if applicable  |
| Requirements                          | Compilant                                 |  |
| Requirements                          |   |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation and Field | Compliant                                 | bootamenting statement(3), if applicable |
| Trip Procedures                       | Compilant                                 |  |
| The Hoceautes                         |   | <u></u>                                  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| Rule: 5101:2-12-14 Transportation -   | Compliant                                 | Documenting Statement: The driver(s)     |
| Driver Requirements                   |   | had completed the required ODJFS driver  |
|                                       |   | training.                                |
|                                       |   |  |
|                                       | 2   |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-14 Transportation - Vehicle | Compliant                                 |  |
| Requirements                          |   |  |
|                                       |   |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Child Medical and        | Compliant                                 |  |
| Enrollment Records                    |   |  |
|                                       |   |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-15 Medical/Physical Care    | Compliant                                 |  |
| Plans                                 |   |  |
|                                       |   |  |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Medical, Dental, and     | Compliant                                 |  |
| General Emergency Plan                |   |  |
| D.J.                                  | Chahua                                    | Decume anting Chairman (A) If            |
| Rule                                  | Status                                    | Documenting Statement(s), If applicable  |
| 5101:2-12-16 Emergency Drills         | Compliant                                 |  |
|                                       |   |  |

| Status   | Documenting Statement(s), If applicable     |
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| Compliant  |   |
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| Para National Pa | Documenting Statement(s), if applicable     |
| Compliant  |   |
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| Chahara  | Decomposition Chatago ant/a) If a militable |
|  | Documenting Statement(s), If applicable     |
| Compliant  |   |
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|  | Documenting Statement(s), If applicable     |
| Compliant  | Documenting Statement: The program's        |
|  | written disaster plan was reviewed during   |
|  | the inspection and met the requirements.    |
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|  | Documenting Statement(s), If applicable     |
| Compliant  |   |
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| Ctatus   | Desumenting Statement(s) If applicable      |
| AND THE RESERVE AND THE RESERV | Documenting Statement(s), If applicable     |
| Compliant  |   |
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| (45) (45) (45) (45) (5)  | Documenting Statement(s), If applicable     |
| Compliant  |   |
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| Status   | Documenting Statement(s), If applicable     |
| The state of the s | Documenting Statement(3), if applicable     |
| Compliant  |   |
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| Status   | Documenting Statement(s), If applicable     |
| Compliant  |   |
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| Status   | Documenting Statement(s), If applicable     |
| Compliant  |   |
|  | Status Compliant Status Status              |

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-12-19 Child Guidance                     | Compliant | Bocamenting statement(s), it applicable |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping                   | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs                              | Compliant | bocumenting statement(s), if applicable |
| 5101.2 12 20 01103                              | Compilant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack                     | Compliant |   |
| Requirements                                    | 54        |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements            | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food                          | Compliant | bocumenting statement(s), if applicable |
| Handling/Storage                                | Compilant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care                  | Compliant |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food Preparation | Compliant |   |
|   | Chatana   |   |
| Rule 5101:2-12-23 Diapering and Toilet          | Status    | Documenting Statement(s), If applicable |
| Training  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-12-25 Medication                         | Compliant | 222                                     |
| Administration                                  |           |   |